

New Account Checklist - Personal

Account Number:	Portfolio Number:	Open Date:
CHECKING	<input type="checkbox"/> Checking <input type="checkbox"/> Money Market	
SAVINGS	<input type="checkbox"/> Savings <input type="checkbox"/> Installment Savings (Contract Amount: \$ _____ Term: _____ Payment: _____)	
TCD	Deposit Period: _____ Interest Rate: _____ Maturity Date: _____ APY: _____ Interest payment: <input type="checkbox"/> At Maturity <input type="checkbox"/> Monthly: _____ by Cashier's Check _____ credit to Account No. _____ At the time of maturity: <input type="checkbox"/> Auto renewal of the principal and interest <input type="checkbox"/> Auto renewal of the principal only and credit interest to Account No. _____ <input type="checkbox"/> Credit payment of the principal and interest to Account No. _____	

PERSONAL & EMPLOYMENT INFORMATION

1. Name (Last, First, Middle)			SSN		ID Type & Number	
Home Address (Number, Street, APT No)			Place of Issuance		Issue Date	Expiry Date
City	State	Zip Code	Date of Birth		Place of Birth	MMN
Mailing Address (If different from above)			Home Phone & Cellular		Employer Name & Title	
City	State	Zip Code	Employer Phone		Business Type	
2. Name (Last, First, Middle)			SSN		ID Type & Number	
Home Address (Number, Street, APT No)			Place of Issuance		Issue Date	Expiry Date
City	State	Zip Code	Date of Birth		Place of Birth	MMN
Mailing Address (If different from above)			Home Phone & Cellular		Employer Name & Title	
City	State	Zip Code	Employer Phone		Business Type	

PREVIOUS BANK REFERENCE

Bank Name & Branch:

REMINDER FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Ohana Pacific Bank obtains, verifies, and records information that identifies each person opening an account. The identifying information will include, but not limited to, the followings: name, valid photo identification, tax identification number, address, and date of birth.

BANK USE ONLY

Opening Deposit: \$ _____ Source of Funds: Cash _____, Check _____ Other (Specify) _____ Large Cash Deposit(\$2,500 or More): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain _____ Frequent Cash Transaction: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Monthly Volume: C/I \$ _____ C/O \$ _____ Frequent Wire Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Monthly Volume: W/I \$ _____ W/O \$ _____ Expected Average Balance: \$ _____ Expected No of Checks Issued Per Month: _____	Remarks: Does customer order debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", order # _____) Does customer order check? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", product code: _____) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">BSA Type Code</td> <td> </td> </tr> <tr> <td>BSA Risk Code</td> <td> </td> </tr> <tr> <td>Responsibility Code</td> <td> </td> </tr> </table>	BSA Type Code		BSA Risk Code		Responsibility Code	
BSA Type Code							
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Chex System	OFAC Check	Prepared By	Input By	Approved By

